PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA. IS A PERMANENT REC stated EXACTLY. properly classified. FOR BINDIN UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be be carefully supplied. LY, WITH mation should -WRITE PL. V. S. No. 1

ż

STATE OF MARTLAND	Anna
1. PLACE OF DEATH	337,
county Micoria Co	Registration Dist. No.
Village or City Passnessung, Ouls	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occupedyrs	mosds. How long in U.S. if of foraign birth?yrsmosd
2. FULL NAME / Na Elinabeth, Co	Collemnas. Veteran specify WAR.
(a) Residence: No. P.O. #-(St. Ward. Parsonshing Mid
(a) hesidence. No. 7 (Sual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLDR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Wear)
5a. If married, widowad, or divorcad HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY That Lattended deceased fro
Man 4 193	2 193 / 10 (324 3 , 193
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	I last saw h a aliva on (1937); daath is sa to have occurred on the date stated abova, at 3,05 2 m.
15 4 1 3 G I day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular	wara as follows:
kind of work done, as SPINNER, Land gul	Branche Breunnice 14
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1937
10. Date dacassed last worked at this occupation (month and year)	4.
12. BIRTHPLACE (city or 1000) R.O. Parsonstone	Othar Coutributory Causes of Impertanca:
(State or country)	relieve Control is in
13. NAME Edgar & adkins	July State Little 1.93
14. BIRTHPLAST (city or Kofn) & Parsonshing	Name of operation Oata of
(State or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Elizabeth Wollow	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Florafell Holling 16. BIRTHPLACE (city or town) 1110 Pare muchany (State or country)	Accidant, suicide, or homlolda?
E (State or country) Ma.	Where did injury occur?
17. INFORMANT Edgar & adking (Address) IRO, # 1 Parsonsking)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plage Place 9 100 Coate of 3 , 193	Nature of injury
19. UNDERTAKER Holloway + to. (Addrass) Habibut will	24. Was disease or Injury In any way ralated to occupation of deceased?
20. FILED Ct. 5, 1937. Lelian P. Davi	(Signed) Could Told Sugar M.
Local Registrar.	(Address) all fully the

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis . 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

fee

1. PLACE OF DEATH	<u>(31)</u>	222
County Die nues.	Registration Dist. No.	112
Village or City a ale rung le ampland	death occurred in a hospital or institution, give its NAME instead of attest and in	
	death occurred in a hospital of institution, give its IVAIVE instead of freet and in	
2. FULL NAME & amale Jane Ou	If U. S. Veteran, specify WAR	
(a) Residence: No. Quanties U.R.	St · Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
formale lik. Garres.	(Month) (Day)	(Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W'DR' and Grown	22. HEREBY CERTIFY, That attended	laceased from
(or) WIFE of Wisher War and Will (10)	10-2-5- 1957 10 10-27-	1987
6. DATE OF BIRTH (month, day, and year)		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad above, at 1000 m.	
3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	1
	acute repliente : an sente.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	- ottock . enoralted upon a/-	
9 Industry or business in which work was done, as SILK MILL,	00	
SAW MILL, BANK, etc	Chrones maphretie. Duration: unknown	
this occupation (month and year) /9 5	probably geore. center.	
10.2	Other Contributory Causes of Importance:	1.00
12. BIRTHPLACE (city or town) (Stata or country)	Courtloun	40
	no de la companya de	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis?	utaneus Da
	23. If death was due to axternal causes (VIOLENCE) fill in also the following	
00.1	Accident, suicida, or homicide?	Charles and
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	, 17
. ~	(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e)
17. INFORMANT WM Quality (Address)	Spacing whether injury occurred in Introduction L.	101.
18. BURIAL, CREMATION, OR REMOVAL MA	Manner of injury	
Place Quantile Gens, Date Oct 31, 1937	- Nature of Injury	
La Filt	24. Was disease or Injury In any way related to occupation of deceased?	w
19. UNDERTAKER (Address) Adulus Address)	If so, specify	
() 1-24 24 Or mate of	(Signed) Allerdin	
20. FILED 19 19 William 19		11.4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago
1 21 22			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	1260
1. PLACE OF DEATH	(131)	200
County Theonico	Registration Dist. No.	33
Village or City Salishucy	No. 310 New Yor St.	1.3 Ward
27/ 1/ (1)	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foralgn birth?yrsn	10sQs.
2. FULL NAME UN NOW . 156 INS	If U. S. Veteran, specify WAR	
(a) Residence: No. 310 New On	St., 3 Ward.	10
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	3 State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
OR DIVORCED (write the word)	001. 13	., 193 2:
5a. If marriad, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND OF Shilliam J. Backs	22 ON HEREBY SERT BY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Leh. 1871,	1 last saw h Walive on Ortio 197	; daath Is sald
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at 1.40 P.m.	
66 7 75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
2 Trade profession or particular	4/	Date of one ot
kind of work done, as SPINNÉR, W KOTH	Occellat Vernonty	11937
No index profession, or particular,		-
work was dona, as SILK MILL, SAW MILL, BANK, atc		
this occupation (month and year) spent in this occupation		
12 A A	Othar Contributory Capes of importance:	
12. BIRTHPLACE (city or town) (State or country)	, A perters	1936
13, NAME Tilliam white	Can Introplation	1934
13. NAME SALLICAN COURTY STACK 14. BIRTHPLACE (city or town) - AMARCH AND STACK (State or country)	Name of operation Date of _	
(Stata or country)	What tast confirmad diagnosis? Was there an	autopsy?
15. MAIDEN NAME MAXILLA JOSE MUIN	23. If daath was due to axternal causes (VIOLENCE) fili in also the following	
15. MAIDEN NAME / NATURAL STATE STATE OF THE	Accidant, suicide, or homicide? Date of Injury	
State or country)	Whare did injury occur?	
17. INFORMANT Dissily Bonky	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ote) LACE,
(Addrass) Sale Muly 11.	Mannar of injury	
Aligned Con Salishury Moto 10/16/37,19	Manner of injury	
The Hill & Call and Call		
19. UNDERTAKER ALAMAN AND CO. (Address) And Analysis And Analysis And Analysis And Analysis And Analysis Analys	24. Was disease or duffing in any way shalled to occupation of decaased?	
(Ast 1/ 25 1/ 21 01)	(Signed)	
20. FILED CO 19 19 May Survey Registrar.	(Address) all 7/mg	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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10 .- The month and year the deceased last worked at the occupation.

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1/	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SE	ACE FOR FURTHER STATEME	NTS BY PHYSICIAN	

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PHYSICIANS should state

EXACTLY.

properly classified.

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

RECORD. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

11276

	OZIVIII OVIIZ OI DZIVIII
1. PLACE OF DEATH	(820)
County Miconico	Registration Dist. No.332)
Village or City Willards	No. St Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Merral Branch	la leave
(a) Residence: No.	O1 Word
(Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced WUSBAND-or (or) WIFE of	22
(d) WIE di filleman Inuntivery	October 8, 1937 to date 7 heath
6. DATE OF BIRTH (month, day, and year) Feb 14. 1877	I last saw her alive on 10 - 15 - 37 /19 ; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at 10/3 m.
07 S 1 aay,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Hemorrhage (1-8-3)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (modth and year) - (10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
1 Cana 100 :00	Other Contributory Courses of importances
12. BIRTHPLACE (city or town)	arteris seaven
13. NAME Comples Brandones	- Aggirania
14. BIRTHPLACE (city or town)	Name of operation A Date of
(State or country)	What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME Susea Hastings	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT May William Brumpley (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Miller as Model 1, 193/	Nature of injury
19. UNDERTAKER M Haspha Halson	24. Was disease or injury in any way related to occupation of deceased?
(Address), Jellergeille Aldr	If so, specify
20. FILED C1: 17, 1937: fillian Registrar.	(Signed) That and M. D. (Address) Millarly and
Registrat.	(Wintegs) 1 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

state RD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS should IS A PERMANENT RE stated EXACTLY. be properly classified. certificate. THIS. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may INK ALY, WITH UNFADING mation should be carefully supplied. -WRITE PL

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11277
1. PLACE OF DEATH	48
County Micornico	Registration Dist. No. 333
Village or City Salishury	No. 111 Virginia and St., 13 Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ERLIE Mass Brewing	(Section 1) If U. S. Veteran, specify WAR
(a) Residence: No. /// Virginia	St. 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Musis & Busing dra	22. f HEREBY CERT f FY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Lb 1. 8, 1889.	I last saw her alive on act 1 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$300.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A Normel SAWYER, BDOKKEEPER, etc.	Caremonia ulerus 1734
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Henry,	
13. NAME Marcia (. Shrine)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Stase Ella Miller	23. If death was due to externel causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Maris X. Bruning (Address) Salishung Mit.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIOCE LANGE 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Manner of injury
19. UNDERTAKER THE MILL & MILLS Co.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 12, 19 37 De May Trumer	If so, specify (Signed) M. D. M. D.
Registrar.	(Address) Sullisting Life

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ample I			Example II	
The principal cause of death and related causes bate of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
NOV 8	1937	1915	Attack of epilepsy	1 week ago
		1921	Run over by street car	1 week ago
PUREAU	V.	July 5, 1927	Peritonitis	3 days ago
married to the property of the contract of the		e-maps-c-message (18)		
of importance:			Other contributory causes of importance:	
		May 1,1923	Gastroenteritis	1 year
	h and related exws: NOV 8	h and related causes ws: NOV 8 1937	h and related causes—bate of onset ws: NOV 8 1937 1915 1924 Date of onset ws: V. July 5, 1927 of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEA.	TH
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1	- 6	2	-	5	
_1	1	4	4	0	

1. PLACE OF DEATH	23
County Wicomico	Registration Dist. No. 333
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurred yts.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Herman 11, 13 recorns	Tow If U. S. Veteran, specify WAR
(a) Residence: No. Allen (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (partie the word) Single	21. DATE OF DEATH (Day) 1937 (Yeer)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Day, 2,5, 1984	I last saw h was elive on Och 12 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 Pm.
32 9 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, atc.	Ucute tuberculosis of the ay
9. Industry or business In which MILL, SAW MILL, BANK, etc.	lungs) noz
U 10. Date decaased last worked at 11. Total tima (years)	7
this occupation (month and 1937 spent in this welfer occupation	***************************************
12. BIRTHPLACE (city or town) allew	Other Contributory Causes of importence:
(State or country) Manufand	
13. NAME Grant Brownston	
13. NAME Grant Browngton 14. BIRTHPLACE (city or town). allew	Name of operation Date of
(State or country) Maryland	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna Greens	23. If daath was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Belleview Md	Accident, suicide, or homicide?
(State or country) Maryland	Whare did injury occur?
17. INFORMANT Mrs. anna Brewington (Addrass) allew Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Pieca Trendship Cernatery Date Oct. 17, 1937	Manner of Injury
active from	Nature of Injury
19. UNDERTAKER James J. Slewart (Address) 462 & Church St Saludry a 1/10	24. Was disease or injury in any wey related to occupation of decaased?
20. FILED Oct 17, 19 37 & May Junises	(Signed) M. D.
Registrar.	(Addrass) Ausstruty: 1100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1) 6918				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county we reamine to.	Registration Dist. No. 333
Village of City State Dana Tollina	alisbury St., 13 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) 16. ds. How long in U.S. if of foreign birth?mrsmosds.
2. FULL NAME Horman C. Can	meron.
(a) Residence: No. Elfeton Coal (Usual place of abode)	6 St., Ward. Mary land If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surject the word)	21. DATE OF DEATH Control (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (Or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from July 26 1937 to Dev 12 1937
5. DATE OF BIRTH (month, day, and year) Leb. 5, 1902	Plast saw ham alive on Oct 12 19.37; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 6.000 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Electrican	(Julmonary Tuberculoris May
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/937.
10. Date deceased last worked at this occupation (month and yeer)	rwx
12. BIRTHPLACE (city or town) Lelet on	Other Contributary Causes of Importance:
(State or country) Mary Land	
13. NAME / Jewy J. Cameron 14. BIRTHPLACE (city or town) Elkelon	Name of operation Date of Date of
(State or country) Mary land	What test confirmed diagnosis? Ray Positive Was there an eutopsy? M
15. MAIOEN NAME Come Jerguson 16. BIRTHPLACE (city or town) Elklyn	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) Maryland	Where did Injury occur?(Specify city or town, county and State)
(Address), Eletan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAC REMATION, OR REMOVAL Place Determine 19. Determine 19.	Nature of injury
19. UNDERTAKER Distance of Control of Charles of Charle	24. Was disease or injury in any wey related to occupation of deceesed?
20. FILED Oct- 13, 1937 Dr. May Jumes	(Signed) Paul Cohen M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Regulating US. No. 1.

Wary

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	RY	PHYSICIAN
TYDDITTOTTAL	DI ZIVII I U	IC A CHILAILING	DIETET TANKETT TO	47 1	T TT Y DECITION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rechesting D. S. No.

Date of enset

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FOR

MARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Interioral among	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
- REAU V. S.	dy5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or City Language Length of residence in city or town where of		No. The Standard Stan	
2. FULL NAME Makel (a) Residence: No. 1011	Maybrain Cle my Ind. ((Usual place of abode)	St, Ward. If nonresident give city or town and	l State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	- 20
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Trans	Eline	22. CHEREBY CERTIFY That Lattended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than I day,hrs ormin,	to have occurred on the date steted above, at	; death Is sa
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Hrusevif	Ther alces: Primary cause of the pelvic alocess;	Lung
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Flinknow Cut A.	
12. BIRTHPLACE (city or town) (State or country)	unid	Other Contributory Canses of importance:	
I3. NAME 14. BIRTHPLACE (city or town) (State or country)	lni	Neme of operation Lagrand Runched Date of What test confirmed diagnosis? The Cr. Was there an	10/17
15. MAIDEN NAME BULLA	Rowland.	23. If death was doe to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g:
I7. INFORMANT (Address)	why.	Where did Injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date Oct 21, 1977	Manner of injury	
		24. Wes disease or injury In any way related to occupation of deceased?	

7. S. No. 1

MARGIN RESERVED FOR BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11283
1. PLACE OF DEATH	107
Village or City Sals brown	No. 7 22. 25 22. Registration Dist. No. 333
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Slanche Costes	If U. S. Veteran, specify WAR
(a) Residence: No. Sum Hose W	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write (he word)	21. DATE OF DEATH O - 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(multa) (bay) (teat)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 8 - 193 >	I lest saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
9 Trade profession or particular	were estimows.
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	- Browlessey Freezeway
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) accupation.	
mandand	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) X	
E 13. NAME Errest borbin	
T. IS. NAME	
14. BIRTHPLACE (city or town) Analysis	Name of operation Date of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Wellie, taylan	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 22 ayland	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Syned borbin (Address) Annual Hill 17.75 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place To Take Date (10), 198)	Nature of injury
19. UNDERTAKER TO Earne T Strand (Address) Surans Hill.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Det 27, 19 37 & May Trusse Registrar.	(Signed) Junimusela M. D. (Address) Sulladinary Ind.
4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 11 11 11 11				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1284
1. PLACE OF DEATH	1 1 1 0 00	
· County lle comica	, 9, Howald Registration Dist. No.	333
Village or City Saleslery and	No. St., death occurred in a horpital or institution, give its NAME instead of street and	J.B. Ward
Langth of residenca in city or town where daath occurradyrsmos		
2. FULL NAME George Coyfield	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Cet 17	193 7
male a am aont throw	(Month) (Day)	(Year)
5a. If marriad, widowed, or divorcad . HUSBAND of . (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended	dacaased from
	I last saw have alive on Coco 17 193	7 . double sold
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at G. A	_; death is said
A 74 1	The PRINCIPAL CAUSE OF DEATH end related causas of importanca	
about 40 or min.	ware as follows:	Pate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Unicommy historicas	Miles
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc		-
11. Total time (years) this occupation (month and year)		
P. ml.	Other Contributory Causes of importance:	211
(State or country)	Petersony humbaje	Lugge
13. NAME - anhanau		
13. NAME - Christian 14. BIRTHPLACE (city or town). Christian Christian 14. BIRTHPLACE (city or town).	Name of operation Dete of	
(Stata or country)	What test confirmed diagnosis?	autonsy 200
15. MAIDEN NAME	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the followin	
16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT Peneral algerial Herfelal	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	
18. BURIAL, CREMATION, OR REMOVAL 2nd	Mannar of injury	
Place Public Geneling Date (et To , 19 7	Nature of injury	
19. UNDERTAKER James Maliwart	24. Was disease or injury In any way related to occupation of deceased?	m/
(Addrass) Salinfuny and	If so, specify	
20. FILED Oct 20, 19 37 & Way Junes. Registrar.	(Signad) (Address) Sulviving 2	M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

ADDITIONAL SPACE FO	OR FURTHER STATEMENTS BY PHYSICIAN
, this palung was to	or Further STATEMENTS BY PHYSICIAN Legge of 1914 for the Company of the Company
from theres - month	chiel. I les sent places where the come from 1 to cate
my litt . HC.	· Million
	December 1

MARGIN RESERVED FOR BINDIN

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

County County No. Clif death occurred in a horpital or institution, give its NAME instead of street in the largest of the l	and number)mosds.
Village or City No. St., (If death occurred in a horpital or institution, give its NAME instead of street death occurred in a horpital or institution, give its NAME instead of street death occurred	and number)mosds.
Length of residence in city or town-where death occurred to the language of street death occurred to the language occurred t	and number)mosds.
(a) Residence: No. St., Ward.	
(a) Residence: No. Ward.	
(Usual place of abode) If nonresident give city or town	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	Н
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, write the word) 21. DATE OF DEATH	193 7
(Month) (Day)	(Year)
HUSBANO of (or) WIFE of (or) WI	ded deceased from
DATE OF BIRTH (month, day, and year) Sulf 3/1872 I last saw h & alive on O chour 17 12, 19	27 : death is said
AGE Years Months Days If LESS than to have occurred on the date stated above, at 202-m.	7-,
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Handle Carely Hele and the SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
Other Cautributory Causes of Importance: (State or country).	
13. NAME William, Sollowall	
mid	
(State or country) Name of operation Oate	
What test confirmed diegnosis? Was there 15. MAIDEN NAME Sandh Re Hollet 23. If death was due to external causes (VIOL ENCE) fill in also the folio	
16. BIRTHPLACE (city or town) Date of injury Where did injury occur? Date of injury	
(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC (Address)	I State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Haddled Drung Oate 19,12,37,19 Nature of injury	
19. UNOERTAKER The South 24. Was disease or injury in eny way related to occupation of deceased (Address)	?
20. FILED / 1/6 , 37 pm Clareston (Signed) William Bus and	м. с

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
OU THEAD Y S				
Other contributory causes of importance:	===	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIA

FOR

MARGIN RESERVED

S. No. 1

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Example I	Example 11		
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Arteriosclerosis Q 1937	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
13 13			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	IRTHER STATEMENTS	BY	PHYSICIAN
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What test confirmed diagnosis?_

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury in any wey related to occupation of deceased If so, specify

If more blanks ard needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroen teritis 1 year

V. S. No. 1 N. B. OCCUPA-

1. PLACE OF DEATH		(930)	220
County Musmus		Registration Dist. No.	333
Village or City Allich tous		ND. 111 Clinality St.	5 Ward
Length of residence in city or town where death occurred	33 yrs. — mos	death occurred in a hospital or institution, give its NAME instead of street a	and number)mosds
2. FULL NAME (mma) 10	iginia) (Var 1 If U. S. Veteran, specify WAR	
(a) Residence: No. /// Clayala	// ace of abode)	St., 5 Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	-
OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 7. (Year)
a. If married, widowed, or divorced HUSBAND of		137	(/601)
(or) WIFE of v Mul S. Con	20	22) I HEREBY CERTIFY. That I attend	ded deceased fro
DATE OF BIRTH (month, day, and year) Sept. 74	1, 1856,	I last saw h alive on, 19	; death Is sa
AGE Years Months Days	If LESS than 1 dey,hrs,	to heve occurred on the date stated above, at 17.50 Mm.	
8/1 / 1	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date ol ons
8. Trede, profession, or particular kind of work done, as SPINNER,	(, ,)	MILLER	Date of onse
SAWYER, BOOKKEEPER, etc.	me	11 19 scard hs. Jurne	Cula
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		1	
this occupation (month and / s	Il time (years) pent in this coupation		
100		Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)	2-1	Nu co Va ta Vela	
13. NAME alexander Claxlin	1)	() - was we - was - was in	2
- de la contraction de la cont			
14. BIRTHPLACE (city or town)	ant	Name of operation	
15. MAIDEN NAME THAMAS Thillis	2	What test confirmed diagnosis? Was there	
Treasy Gregori	4	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Many Shillis 16. BIRTHPLACE (city or town) A Ruly & (State or country)	1 1	Accident, suicide, or homicide? Date of Injury	, 19
In at Dar Valet	/ 4	Where did Injury occur? (Specify city or town, county and	State)
(Address)	hung,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
B. BURIAL, CREMATION, OR REMOVAL		Manager of the second s	
Mariano Com Buy Fall chumpate 11)	18/37 19	Manner of Injury	
of office and	16	Nature of injury	
9. UNDERTAKER / L. L. L. L. M. T. M. J. M. C. M.	CO.	24. Was disease or injury in eny wey related to occupation of deceased?	
(Address) Sausly up for	11	If so, specify	

Registrar.

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Cerebral hemorrhage NOV 8 1027	July 5, 1927	Peritonitis	3 days ago	
3 V 13 2 2 11 V E	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	БХ	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE (OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
--	---------	----	-------	------	--------	-------	----	-------

1. PLACE OF DEATH	CERTIFICATE OF DEATH
1./	Registration Dist. No. 332
	Registration Dist, No.
Village or City farsonsburg oulse	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Salus Everet	If U. S. Veteran, specify WAR
(a) Residence: No. Parsonaling R # 2	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NO OR DIVORCED (write the word) Stellbosse	21. DATE OF DEATH October 9, 193 (Month) (Max) (Yest)
5a. If marriad, widowed, or divorcad	· (Honn)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from
n+1	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) October 9, 1937 7. AGE Years Months Oays II LESS thad	I last saw h alive on; death Is said
1. AGE TESTS TO LESS THAT I dey,	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
or Min.	wara as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
10. Oate deceased lest worked et /) 11. Total time (years)	1
this occupation (month and spent in this occupation year)	
40 /	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Arabas Augusta (State or country)	
I 13. NAME Lew Werett	<u> </u>
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country) forthe andural	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME addie al Melton	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicide? Oata of injury
(State or country) Morthe Canolina	Where did injury occur?
17. INFORMANT Seve Everetta	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Parsonsburg, A.D. 2	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of tangelly lotters UCI. Id. 193/	Natura of injury
rease tell few.	24. Wes disease or injury in eny way related to occupation of deceesed?
19. UNOERTAKEM (Address)	If so, specify
at the state of the	(Signed) A autilia M.D.
20 FILEO 1. 19.9 Segistrar.	(Address) Salisliery, Maryland
	2411 N. Charles Street, Baltimore, Requesting U. S. No

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

should state

PHYSICIANS Exact statement

of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDIN

MARGIN RESERVED

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

N. B.-WRITE

UPA	1. PLACE OF DEATH	(17-E)
220	Village or City Salislings	No Less Seess, Jospilalst. 13 Ward
nt of	(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign births
ateme	2. FULL NAME William . Thitygen	St. Ward. Truces Anno 7
stat	(Usual place of about)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thate White That The property of the word)	21. DATE OF DEATH October 9th (Month) (Day) (Year)
classified	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Fit goard	22. I HEREBY CERTIFY, That I attended deceased from
rly cl	6. DATE OF BIRTH (month, day, end year) Of State of Birth (month, day, end year) Days If LESS than	I Jest saw harmony general said to have occurred on the dete stated above, at 2 3 2m.
properly certificate.	3-2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
of o	sawyer, Bodkkeeper, etc aulomobile mechanic	Senane Partoutes
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
that it ons on	10. Date deceased lest worked et this occupation (month end year) 2 sucks occupation	
so	t2. BIRTHPLACE (city or town) Olley (State or country)	Dither Contributory Causes of importance:
terms,	II 13. NAME Colombus Fliglarly	The state of the s
ain te See i	14. BIRTHPLACE (city or town) Allen (State or country)	Name of operation Date of What test confirmed diagnosis?
n pl	15. MAIDEN NAME Luhuan	23. If death was due to external causes (VIOLENCE) fill in also the following:
DEATH in p y important.	16. BIRTHPLACE (city or town) Ambrilian (State or country)	Accident, suicide, or homicide?, 19, Where did injury occur?
AA	17. INFORMANT Proby Fitzgearld	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
E is	18. BURIAL, CREMATION, DR REMOVAL Place Princess ame Date Oct. 1/ 1937	Manner of Injury
CAUSE TION is	19. UNDERTAKER Dale Dashiell (Address) Princes anne mg.	24. Was disease or injury in any wey related to occupation of deceased?
(>)	20. FILED Ct 9, 19:37 Dr. May Trusse	(Signed) M. D. (Address) Salvalary Seed
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

	Example I	-11	Example II	
The principal cause of of importance were as:	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 8 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURFAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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RESERV	
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8	1
MARGIN	
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	F MARYLAND—	CERTIFICATE OF DEATH 112
1. PLACE OF DEATH County Faculticon	,	47-69
	uco	Registration Dist. No.
Village or City State		death occurred in a horpital or institution, give its NAME instead of street and number
Length of rasidence In city or town where d	aath occurredyrs,/mos.	29.ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Joseph	Cletus Gr	rule
(a) Residence: No. East	on Talbot	68, Ward. Wary land
PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white	OR DIVORCED (write the word)	Cetober 16, 193. (Month) (Day) (Y
HUSBAND ol (or) WIFE of	<i>Y</i>	22. I HEREBY CERTIFY That I attended daceas
6. DATE OF BIRTH (month, day, and year)	Det 12, 1885	liast saw h alive on October 15 19 37 : deat
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2:35 $R_{\rm m}$
52 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Rom ton	
9. Industry or business in which	o anciec	Cancer of Pleura
work was done, as SILK MILL, SAW MILL, BANK, etc.	•	
10. Date deceased tast worked at this occupation (month and	11. Total time (years) spent in this 2	
year)	-5/ occupation	Other Contributary Causes of importance:
(Stata or country)	Dona d	
1 1 1	Gra. Do	
	Occure	Name of operation 2000 Date of
4 14. BIRTHPLACE (city or town) (State or country)	aryland	What test confirmed diagnosis?
15. MAIDEN NAME Hary F	Sherman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Data of injury I
(Stata or country)	ntucky	Where did Injury occur?
17. INFORMANT Pleceased (Address) Easton	on admission	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOYAL	illy Oct- 18 1934	Manner ol injury .
Place Saring Hill	Doto translation	Nature ot Injury
19. UNDERTAKER James A. (Address)	Spence	24. Was disaase or Injury In any way related to occupation of deceased?
(1) 11 11 11 11	7. 11	(Signed) Vand Ohen

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF

-WRITE

S. No. 1

TION is CAUSE mation

STATE OF MARYLAND—	CERTIFICATE OF DEATH
DEATH	Registration Dist. No.
nce in city or town where death occurred LLD_yrs,mos	0. a
E (e) Godfle (: No. 81) Cael Charle (Usual place of abode)	If U. S. Veteran, specify WAR
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Q
, or divorced	

County A Village or City Ward Length of reside __ds. 2. FULL NAM (a) Residence PERSONA 3. SEX 5a. If married, widowed HUSBAND of L (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc... 1D. Date deceased last worked at 11. Total time (years) spent in this WY 400. this occupation (month and occupation ___/ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ... (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ Date of Injury 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Wes disease or Injury In any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis 1 week ago 1921 Run over by street car Chronic interstitial nephritis July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones Mau 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state -KD. Every item of inforproperly classified. Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. FOR BINDIN MARGIN RESERVED AGE should be mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	
County Viconico	Registration Dist. No. 333
3/-	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Helliam A. Triffit (a) Residence: No. (Usual place of abode)	sds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct 28 , 193 7 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of Cor) WIFE of Ellen Sriffeth 1854	22. I HEREBY CERTIFY That I attended deceased from 1935 to OCT 27 1937
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 dey,	I lest saw h Am. allve on Q A 2 , 1937; death is salt to heve occurred on the date steted above, at 2 A m.
D D / O ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: Date of onset
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	-
11. Total time (years) this occupation (month end yeer)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME Corrington Willitt	
13. NAME Covington Griffith 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Wary Fraker 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME 18. Warptown 18. MAIDEN NAME 19. Warptown 19. Marptown 10. Marptown 10. Marptown 11. MAIDEN NAME 12. Marptown 13. MAIDEN NAME 14. Marptown 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. Marptown 18. Marptown 19. Ma	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Charpton Date Oct 29, 1937	Manner of Injury
19. UNDERTAKER It De province + Pors (Address) Sharptonn	24. Was disease or injury in any wey releted to occupation of deceesed?
20. FILED Clet. 74, 1977 Non. R. Kabruson Registrar.	(Signed) (Address) Sharpton ned

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	.va	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago	
151 83.41 V. 5	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
A SERVICE OF SERVICE AND SERVI				

V. S. No. 1

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11295
1. PLACE OF DEATH County Priconsco	(13) Registration Dist. No. 41 336
Village or City near Allman Def RA Length of residence In city or fown where death occurred yrs mo 2. FULL NAME Carmie Im Ocean	B No. If death occurred in a hospital or institution, give its NAME instead of street and number) s
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the word) HUSBARD of HUSBAR	21. DATE OF DEATH OCX 193 (Month) (Day) (Yeer)

2. FULL N	AME Jann	ie m Otean	If U. S. Veteran, specify WAR	
(a) Resid	ence: No	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSO	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the word)	21. DATE OF DEATH OCK 29 (Month) (Day)	., 193 / (Yeer)
HUSBAND of (or) WIFE of	James M.	Hamberd	1 HEREBY CERTIFY, Thet I attended	, 193.
	H (month, day, and year)	Oct 6-1866		_2_; death is s
7. AGE	ears Months	Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at	
-		123 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were esteriows:	Date of on
kind o	fession, or particular f work done, es SPINNER, ER, BOOKKEEPER, etc	Hursework	Chrone Mybriles	1 yes
work v	r business In which was done, es SILK MILL, MILL, BANK, etc			
CILIS OC	ased last worked et cupetion (month end	11. Total time (years) spent in this occupation	ý. 185	
			Other Coutributory Causes of importence:	
12. BIRTHPLACE (State or co		rave O manin Co	Dais is a los	50
13. NAME	John to	Beach	- worms for some	- lace
<u> </u>	CE (city or town) Sela	wow Quento	Neme of operation	
E (State	or country)		What test confirmed diagnosis?	
15. MAIDEN	HAME MARKE	ele- Annal.	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN N	05 / 100 00 00 00 00		Accident, sulcide, or homicide? Date of injury	
∑ 10. BIRTHPLA	CE (city or town)	evare James P.	Where did injury occur?	19
17. INFORMANT (Address)	marion S	Steam BAB	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREM	ATION, OR REMOVAL	not hor 2, 1987	Manner of injury	
19. UNDERTAKER (Address)	Rice & h	nawy	24. Was disease or injury in any way related to occupation of deceased?	_
20. Oct. 3	1, 193.7 /	tarry E. Hudson. Registrar.	(Signed) (Address) Dulma De	<i>p</i> N

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Example I	3	Example II		
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Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago	
	July 5,1927	Peritonitis	3 days ago	
8.411	-31			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	الــــــا			

V. S. No. 1

7	PLANILY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	S IS A PERM.	stated EXA	properly class	certificate.
	WITH UNFADING INK-THIS	fully supplied. AGE should be	n plain terms, so that it may be	very important. See instructions on back of certificate.
	PLANTY, W	hould be caref	OF DEATH in	very importan

1. PLACE OF DEATH County Willage or City 2 alia bury, Wel-	Registration Dist. No. 333 No. No. Registration Dist. No. 333 How long in U.S. if of foreign birth?
2. FULL NAME & rough Hullan	• If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Co Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (oc) WHFE of Sarah Idudson	22. IHEREBY CERTIFY That I stended deceased from 1957, to Certify 1957
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	I last saw h alive on death is said to have occurred on the date slated above, at 6/3/1/2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) all spent in this occupation are compared to the second	Outomabile ossident. Curson October 26th, 1237. Ostober 26th, from truck; Other Centributory Causes of Importance:
13. NAME George Hulson. 14. BIRTHPLACE (city or town) Snow Hele (State or country) Maryland	Name of operation Dale of C What test confirmed diagnosis? Cleure Was there an autopsy?
15. MAIDEN NAME Clerine Floks 16. BIRTHPLACE (city or town) Snow Itill (State or country) Maryland 17. INFORMANT Mrc. Sarah Hulson (Address) Eden Md 18. BURIAL, CREMATION, OR REMOVAL Place Private Cemetery near Ede Dale Nov. 9, 1937	23. If death was due to external causes (VIOLENCE) filtin also the following: Accident, suicide, or homloide? Where did injury occur? Specify whether injury occurred in INBUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER James F. Stewart (Address) 402 E. Church St. Sales. Md. 20. FILED Nov 2,1937 J. May June Registrar.	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address)

1190C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 NOV 8 1937	July 5,1927	Peritonitis	3 days ago
1	27.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:20
County / Conucy	Registration Dist. No. 333
Village or City Salisbury Md.	No. 307 Mew york are 9 Ward
// 92 (li	death occurred in a hospital or institution, give is NAME instead of street and number)
Langth of residence in city or town where de the occurred yes mo	ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME / Marketa	Vivital S. Veteran, specify WAR
(a) Residence: No. 30). New york and (Usyal place of abode)	St., 9 Ward. Sales If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. QULQR OF RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
Male White OR PRINCED Corrier the word	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ellen Husband	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Quez, 11, 1856	I last saw h. Line aliva on October 31, 1937
. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1.30 Pm.
81 2 720 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	myocardeal.
SAWYER, BOOKKEEPER, etc.	hereffectency about one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MUL. SAW MILL, BANK, etc 10. Data daceased last worked at	nouls a
10. Data dacease last waked at this occupation fronth and 1937 spentin was year)	
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or quuntry)	
13. NAME / Felliam / Hunt	
14. BIRTHPLACE (city or town)	Name of oparation
(otate of country)	What test confirmad diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did Injury occur?
7. INFORMANTILE. Ellen Offices 71 (Address) 307, 11, 2. an falish 71	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL O 2 2 3	Manner of Injury
Place austrea amper at d. f. 193	Nature of Injury
9. UNDERTAKER Hollowy + G. (Address) Julie J mc	24. Was disease or Injury In any way related to occupation of decaased?
O. FILED Nov 2, 1937/ & may Jumes	(Signad) gaetties M. E.
Registrar.	(Address) . States Deleving v Wary and

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11298
1. PLACE OF DEATH	(131)
County Waconico	Registration Dist. No. ## 336
Village or City Othman Oth md	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mos ds.
2. FULL NAME George W Jones	
(a) Residence: No.	St. Ward.
(Usyal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nole white single, Married, Widowed, OR Divorced (married the word)	21. DATE OF DEATH (Month) (Day) . 193 7. (rear)
5a. If married, widowed, or divorced HUSBAND of Edina Jones (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from 1987 to 18
6. DATE OF BIRTH (month, day, and year) 7/4/1876	I last saw han alive on het 1 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-P-m.
-/-/- 8 H 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onest
kind of work done, as SPINNER, Sawyer, BookKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	11. P. 12
9. Industry or business in which	mine toronous fr
work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
and-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Acute Banchover & Ayfre - 9 2m
(State or country)	7 7 D 2 da:
14. BIRTHPLACE (city or town)	- rand - minuna
T 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Christic Scatt 16. BIRTHPLACE (city ar town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city ar town) Ind	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Bueline Jonie	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place . Danvil OEL Oate 10/20 1937	Nature of injury
19. UNDERTAKER Hazley O Regime	24. Was disease or injury in any way related to occupation of deceased? 201
(Address) Committee Deff	If so, specify
20. Fled 1 - 1937 Harry Dudge	(Signed) M. D. (Address) Sulva P
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5, 1927	Peritonitis	3 days ago
HUKEAU V.S.			
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		h.	
		Y& 2	

STATE OF MARYLAND-CERTIFICATE OF DEATH

	WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR BINDIN	IS A PERMANENT stated EXACTL properly classified. ertificate.
MARGIN RESERVED FOR BINDING	-WRITE PLANCY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
S. No. 1	f. B.—WRITE PLANCLY, W mation should be carefu CAUSE OF DEATH in TION is very important

STATE OF MAKE	LAND	CENTILICATE OF DEATH	~~~
1. PLACE OF DEATH		45:9)	
County W1com1co		Registration Dist. No. 3 35	
Village or City Near Sharptown	vrs 2 mos	No. St., f death occurred in a horpital or institution, give its NAME instead of street and num	Ward
2. FULL NAME Bertha Robinson (a) Residence: No. Laurel, Delaware (Usual place of	e	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color or race 5. single, marrie or divorced (D, WIDOWED, write the word)	21. DATE OF DEATH October (Month) (Day)	93
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calvin E. Ki	nowles	22. I HEREBY CERTIFY, That I attended dec	eased from
B. DATE OF BIRTH (month, day, and year) August 3.	1882	I lest saw h 43- alive on /0-5-37 19 ; d	eath is said
AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 9-: -30 80. m.	
	1 day,hrs. ormin.	THE REPORT OF DEATH and tended causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			ate of onset
9. Industry or business in which work was done, as SILK MILL, Own home		Intestinal Obstruction	
10. Date deceased last worked at this occupation (mouth and year) 11. Total time spant is year) 00.000 per 1935 occupa	(years) in this tion L1fe		
(State or country) Wicomico Count		Dither Courributory Causes of Importance: - Marcana of Manualele	
John Eli Robinson		liner and line	
Wi comi co Co	unt.v		
(State or country)		Name of operation	nsv?
15. MAIDEN NAME Margaret Henry		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Delaware (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	-,19
7. INFDRMANT Calvin E. Knowles (Address) Laurel, Del., R.F		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL PlacSharptown, Md. Date Oct.		Manner of Injury	
9. UNDERTAKER J. J. Framptom & So (Address) Federalsburg, Maryl		24. Was disease or injury in any way related to occupetion of deceased?	lo
20. FILED Dato 7" , 19 3 7 T. R. Robins	Registrar.	(Signed) S. J. Lawy (Address) Lawrel, Lal	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage \\ \NOV &	July 5,1927	Peritonitis	3 days ago
KIRENS VS.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PERMANENT FOR BINDI RESERVED MARGIN

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH. pluods County level item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foraign birth?_____ RECORD, Every statement If U. S. Veteran, specify WAR If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (qurite the word) CIL (Month) classified. 5a. If married, widowed, or divorcad HUSBAND of That Lattended dacaasad from (or) WIFE of d × H certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than stated 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importanca or____min. 8. Trade, profession, or particular HIS TION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc..... of may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Oate dacaased last worked ava no II. Total time (yaars) this occupation (month and spent in this that occupation ___ instructions 08 12. BIRTHPL ACE (city or town (State or country) supplied. plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of oparation (State or country) carefully What test confirmed diagnosis?_ Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of Injury______ 19 DEATH 16. BIRTHPLACE (city or town (Stata or country) Whera did injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, In HOME, or in PUBLIC PLACE very 17. INFORMANT (Addrass) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury WRITE S CAUSE mation LION Nature of Injury 24. Was disaase or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify Registrar. (Address)

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Chronic interstitial nephritis ANV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			- 3000

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	8 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis NOV 8 1991	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
	Box			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year
				1000

PHYSICIANS should state

stated EXACTLY.

certificate.

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

(Address)

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		F MARYLAND-	CERTIFICATE OF DEATH	11302
1. PLACE O		-	<u> </u>	
CountyV	Vicomico	***************************************	Registration Dist. No.	333
	City Salisbury	(1	ND. 503 Howard St. death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of res	sidance in city or town whera o	ieeth occurradyrsmo	sds. How long In U.S. if of foreign birth?yrs	mosds.
	ME Stillborn			
(a) Resider	nce: No. 343 26		St., Ward. If nonresident give city or town	a and State
	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
Female Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 7 (Month) (Day)	, 193_7
5a. If merried, widow HUSBAND of	vad, or divorcad	1.		
(or) WIFE of		V	22. I HEREBY CERTIFY, That I atte	nded deceased from
OIL SAMORAL TO			, 19, to	
		ct. 7, 1937	I last saw h alive on	; death is said
7. AGE Yas	Months Months	Days If LESS than 1 day, hrs.	to have occurred on the data stated above, at 4 • 15 Pm.	
1		ormin.	were as follows:	Data of onset
8. Treda, profa	ssion, or particular work done, as SPINNER, BOOKKEEPER, atc	Y	Killbore	
SAWYER 9. Industry or	business in which		Rf of both	
work wa	s done, as SILK MILL, LL, BANK, etc.		AND	
10. Date deceas	ad last worked at pation (month and	11. Total time (yaars) spent in this occupation		Day) (Year) at I attended deceased from
12. BIRTHPLACE (ci		bury, Md.	Other Contributory Causes of Importance: Paemalusuly	
1	J. W. Fowle:	n H	Preme	
I IS. NAME			V	
(State or	(city or town) Char country)	rlotte, N.C.	Name of operation	
15. MAIDEN NA	ME Demarious	Ellen Phillips	23. If daath was due to external causes (VIOLENCE) fill in also the follo	
	(city or town) Aller	a, Md.	Accidant, suicida, or homicida? Date of Injury Where did Injury occur?	_
17. INFORMANT (Addrass)	Demarious 503 How	Eller Phillips	(Specify city or town, county and Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC	J State) C PLACE.
18. BURIAL, CREMAT	TON, OF REMOVAL	Date 1-19 1037	Mannar of Injury	
19 UNDERTAKER	Clarence	Phillips	24. Was disease or injury in any way ralated to occupation of daceasad	

Registrar.

(Signad).

(Address) _____

Salisbury, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1029	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		• • •	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	25
County al service Co	Registration Dist. No. 333
Village or City State Tuberculous	Now and form My Sales St, y 13 Ward if death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	
2. FULL NAME Thomas C. Hunger	nd o
(a) Residence: No. Cheater town (Usual place of abode)	Cest + Sware. Mary Land If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I atlended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 5 18 77	1 last saw h com alive on Och 23 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 P.m.
60 / 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Pages Langer SAWYER, BOOKKEEPER, etc.	Gulmonary / wherealous 1930
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
On Date deceased last worked at this occupation (month and the pear)	2
12. BIRTHPLACE (city or town) Chestertown (State or country)	Other Ceatributary Causes of Importance:
T CONTRACTOR OF THE CONTRACTOR	
14. BIRTHPLACE (city or town) Chestertawn (Stale or country) Mary Rand	Name of operation
15. MAIDEN NAME Wary. Va. Vickers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ches textown	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Oleceased on admission (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBING OPENATION OF BEMOVAIN. OT 26-193	Manner of injury
Place Date Date	- Maure of injury
19. UNDERTAKER (Address)	If so, specify
20. FILED Oct 23, 1937 D. May Junaler Registrar.	(Signed) State Tuber sul original State Tuber sul original State Tuber sul original State
If more blank are needed, address State Registrar,	024 72

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. LY, WITH UNFADING INK-THIS IS A PERMANENT REC properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. B.—WRITE PL

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

1. PLACE OF DEATH	93-01
County Dicorrico	Registration Dist. No. 333
Village or City Salis hucch	No. 3/3 Smith St 13 Ward
Length of rasidenca in city or town whara daath occurred v_{yrs} 5 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
601. 1/ X., O.	/
2. FULL NAME (CCA) /USUN Suite	If U. S. Veteran, specify WAR.
(a) Residence: No. 3/3 Smid. (Usual place of abode)	St., /3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
renale Thile OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of V Charles C. Smillen	22. CHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 9, 1860	i last saw h A alive on Oct 9 1932; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at/m.
77) / laday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:
2 Teads profession or particular	Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc.	asmura
S. Hade, profession, or particular to the first of the fi	
10. Date decaesad last worked at this occupation (month and spant in this	
this occupation (month and year) spant In this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(State or country)	a Myscardells
13. NAME /Leodare Mounds	1
13. NAME LESSAND COURSE 14. BIRTHPLACE (city or town) - 1-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	Name of operation Date of
(Stata or country)	What tast confirmad diegnosis? Was there an autopsy?
15. MAIDEN NAME MALGARET N. Parvin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maule and	Accidant, suicida, or homicide?
and B. Plants	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SCHOOL CO. T. M. J. J. J. (Addrass) Asia human D. J.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Mannar of injury
I worden S clay duy this huybata / 17/3/, 19	Nature of injury
19. UNDERTAKER The Will & Whalen Co.	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Fileshury M.	If so, spacify (1)
20. FILED Oct /21937 & May Jume	(Signed) M. D.
Registrar.	(Addrass) Dustury Ma

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 8 10 Y S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	102,100		
County / Congues		Registration Dist. No.	333
Village or City Salaila	7 ma	No. 170 # 4. St.,	8 Ward
Length of residence in city whose de		death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME Sally	Emily /w	if U. S. Veteran, mecify WAR	1
(a) Residence: No POHH	4	St. 8 Ward Cheling / M	9
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC	S. SINGLE MARRIES, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	1
Jemule While	OR DVORCED (write the word)	(Month) (Oey)	193 (Year)
5e. If merried, wid wed, oddivorced HUSBANO of (or) WIFE of	I Rugato	22. I HEREBY CERTIFY, That I atten-	ded deceased from
A July	1 12 1812	October 7, 1937, 10 October	4 22,93/
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	4.13.1862	I lest saw h. 11 elive on	/-; death is said
7. AGE Years Months	Oeys If LESS then 1 dey,hrs.	to have occurred on the dete stated ebove, at	
8. Trede, profession, or perticular	ormin.	were as follows:	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	t Home	arteriosalerosis	many 4
9. Industry or business in which work was done, as SILK MILL,		Cerelisal homorrhages	M1935
SAW MILL, BAJK, etc.	2 11, Total time (yeers) spent in this	and '	Oex. 4,1
this occupation (markin end / 92	occupation	Other Contributory Causes of importance :	
12. BIRTHPLACE (city or town)	v. Hill	Other Conditionary Causes of Importance.	
(Stete or country)	9.0161		
(Stete or country)	shrekle	7	
(Stete or country)	shrekle	Name of operation work Detection	of
(Stete or country) 13. NAME A. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 15. MAIOEN NAME	Christele my mid	Whet test confirmed diagnosist Currently Was there	an autopsy?
(Stete or country) 13. NAME 14. BIRTHPLACE (cityor town) (Stete or country) 15. MAIOEN NAME 15. MAIOEN NAME	Chrikle my Till my Hado	A 0 , 0	wing:
(Stete or country) 13. NAME A. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 15. MAIOEN NAME	Christele	Whet test confirmed diagnosis - Current Was there 23 If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide?	wing:
13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Chrefele my Diel lowily Hade John Dyken like med	whet test confirmed diagnosist Curacial Was there 23 If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury	wing: , 19
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL)	Chrickle my Till my Hada Lindy Hada Japan Japan Lindy Ind Lindy Ind	Whet test confirmed diagnosis Level Was there 23 If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and	wing: , 19
13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address)	Chrefele My Mil Lowely Hade John Dyker Lily Ind Oete Ott 24, 193.7	Whet test confirmed diagnosis Curical Was there 23 If death was due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	wing: , 19 State) PLACE.
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL)	Chrefele Many Hade John Dyker Liny Ind Oet Ott 24, 1937 Manyland	Whet test confirmed diagnosis - Curical Was there 23 If dean has due to external causes (VIOLENCE) fill in also the follo Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC Manner of Injury	wing: , 19 State) PLACE.

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Example I	į.	Example II	d related causes Date of onset		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage NO 3 130	July 5,1927	Peritonitis	3 days ago		
1. 3. 1. V. S. J					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.-WRITE

V. S. No. 1

T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
IS IS A PERMANEN	e stated EXACTL	e properly classified.	f certificate.
-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE PLANE	mation should be	CAUSE OF DEAT	TION is very impo

(a) Residence: No. W. G. Hapel And. (Usual place of ubbde) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Color of the BIRTH (month, dey, end yeer) 7. AGE 7. AGE 8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which were es follows: 10. Dete decessed lest worked et this occupation. 11. Totel time (years)	of foreign birth?	St.,	d State
Length of residence In city or town where deeth occurred Inc. yrs. Industry Inc. In U. S. Vetera (a) Residence: No. W. Warden G. St., In Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) For DATE OF BIRTH (month, dey, end yeer) 5. DATE OF BIRTH (month, dey, end yeer) 8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOKKEEPER, etc. 9. Industry or business in which work west done, es SPIK MILL ALGUMAN SAW MILL, BANK, etc. 10. Dete deceased list worked et this occupation (month and yeer) 11. Dete deceased list worked et this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAJDEN NAME 18. U. S. Vetera MEDICAL 21. DATE OF DEATH MEDICAL 22. JI HER EE 16. BIRTHPLACE (city or town) (State or country) Name of operation. Whet test confirmed diagnosis: 23. If deeth was due to external Accident, suicide, or homicided where did Injury occur? Where did Injury occur?	of foreign birth?	yrs	d State
(a) Residence: No. 1 6 Hape Care. (Usual place of abbde) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9R DIVORCED (write hie word) 15. SINGLE, MARRIED, WIDOWED, ORD DEATH 9R DIVORCED (write hie word) 16. DATE OF BIRTH (month, dey, end yeer) 17. AGE 18. Trade, profession, or perticuler kind of work done, as SPINNER, Alaba Mill., BANK, etc. 19. Industry or business in which work wes done, as SPINNER, Alaba Mill., BANK, etc. 10. Dete decessed lest worked et this occupetion (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. AGE 18. MAIDEN NAME 18. MAIDEN NAME 19. AGE 19. AGE 10. Dete decessed lest worked et this occupetion (month and yeer) 19. BIRTHPLACE (city or town) (State or country) 10. BIRTHPLACE (city or town) (State or country) 11. Totel time (years) spent in this support (State or country) Name of operation. Name of operation. Name of operation. Whet test confirmed diagnosis: 23. If deeth was due to external Accident, suicide, or homicide? Where did Injury occur?.	If nonresident of CERTIFICATE (Month) Y CERTIFY , 19-31, to Certify ated ebove, at 10-11	(Dey) Y, That I attended 19 19 19	, 193 <u>/</u> (Year)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) W	CERTIFICATE (Month) Y CERTIFY 1939 to 6	(Dey) Y, That I attended 19 19 19	, 193 <u>/</u> (Year)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE MALL A COLOR OR RACE OR DIVORCED (write the word) WARRIED, WIDOWED, OR DIVORCED (write the word) WARRIED, WIDOWED, OR DIVORCED (write the word) WARRIED, WIDOWED, OR DIVORCED (write the word) 15. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIF	CERTIFICATE (Month) Y CERTIFY 1939 to 6	(Dey) Y, That I attended 19 19 19	, 193_/ (Year)
3. SEX 4. COLOR OR RACE Mule A Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Parameter Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Days If LESS then 1 day, hrs. or min. SAWYER, BDOKKEEPER, etc. 9. Industry of business in which work wes done, as SPINNER, SAWYER, BDOKKEEPER, etc. 10. Dete deceesed lest worked et this occupetion (month and yeer) 11. Totel time (years) spent in this occupetion. Saw Mill, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) Where of operation. Whet test confirmed diegnosis: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? Where did Injury occur?	(Month) Y CERTIFY 19-34, to C	(Dey) Y, That I attended Y, That I attended Y, That I attended	(100.7)
Sa. If married, widowed, or divorced HUSBAND of Jordan Academy Sand of Jordan Academy Sand Sand Sand Sand Sand Sand Sand Sand	(Month) Y CERTIFY 19-7, to Control of the control	Y, That I attended	(1.00.)
HUSBAND of (or) WIFE of (va Cukerabore). 6. DATE OF BIRTH (month, dey, end yeer) May 15, 819, 7. AGE Years Months Days If LESS then 1 day, hrs. or min. 8. Trade, profession, or perticuler kind of work done, as SPINNER, felled Newland SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL Alguarand Accompetion (month, and yeer). 10. Dete decessed lest worked et this occupetion (month, and yeer). 11. Totel time (years) spent in this 3 occupetion. 12. BIRTHPLACE (city or town) (State or country) 13. NAME Auditabore 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Auditabore 16. BIRTHPLACE (city or town) (State or country) Auditabore 16. BIRTHPLACE (city or town) (State or country) Auditabore 16. BIRTHPLACE (city or town) (State or country) Auditabore Where did Injury occur?	0 f 8	5-7-8 0 19-3	deceesed from
7. AGE Years Months Days If LESS then 1 day, hrs. or min. 8. Trade, profession, or perticuler kind of work done, as SPINNER, sor min. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL Alguary or business in which work wes done, es SILK MILL Alguary or business in which work wes done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which work west done, es SILK MILL Alguary or business in which were es follows: 10. Dete deceesed lest worked et this occupetion (month and yeer) 11. Totel time (years) spent in this 3 yeurs spent in this 4 yeurs s		m.	
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Maiden NAME 19. Maiden NAME 20. If deeth was due to external Accident, suicide, or homicident (State or country) Where did Injury occur?			
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Where did Injury occur?		Wes there en	autopsy?
Where did Injury occur?			-
where did highly occurrence	C	Dete of Injury	, 19
17. INFORMANT Marsh Cultural Specify whether injury occurre (Address)	(Specify city or to In INDUSTRY, In HO	town, county and Sta ME, or in PUBLIC P	ite) LACE,
18. BURIAL, GREMATION, OR REMOVAL			
Place May Fulle, 19. Date 10/10/3/, 19. Neture of Injury.			
19. UNDERTAKER If held x france 6. 24. Wes disease or injury in en (Address) falix hung, nd, If so, specify		tion of deceased?	900
20. FILED Oct 9, 1937 & May Junes (Signed) (Address)		20	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonilis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gollstones 1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
	•					

	state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH			
	of infor-	1. PLACE OF DEATH				
		County Wicomics	Registration Dist. No. 333			
	item of should of OCC	Village or City Salisbury, M.A. (If	No. Yes State (Septilary 13 Ward death, occurred in a horpital or institution, give its NAME instead of street and number)			
	F0	Longth of residence in city or town whore death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?yrsmosds.			
	vD. Every YSICIANS statement	2. FULL NAME Baby Short.	If U. S. Veteran, specify WAR			
C	D. 1 SIC	(a) Residence: No.	St., Ward. Seaford Del.			
1		(Usual place of abode)	If nonresident give/city or town and State			
	REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH			
INC. NENT CTLY sified.	Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	October 3 - 193.7 (Month) (Day) (Year)				
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended doceased from				
BIND	SX2	Oct 2 1934	l last saw h on on 193 , to 193 , death is said			
M	PE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, atm.			
ID FOR BI	0 0 1 day,hrs. or0-min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:				
	8. Trade, profession, or particular kind of work dono, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still bom refact				
RVED	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc				
RESER	INK E sh t it on	10. Date deceased last worked at this occupation (month end spent in this				
	NFADING I pplied. AGE erms, so that instructions of	12. BIRTHPLACE (city or town) Person Stephen Cospilal	Other Contributory Causes of Importanca:			
MARGIN	d. d. s, so	(State or country) Laisbury offerd.				
RC	NF. plie rms nst	13. NAME Jacob Trang short				
MA	D H T a	14. BIRTHPLACE (city or town) Segfond	Namo of operation			
	Iy sılain Se	(State of Country)	What test confirmed diagnosis? Was there en autopsy?			
10	WIT efully in pla ant.	15. MAIDEN NAME Puth Lesly Messich	23. If daath was duo to external causes (VIOLENCE) fill in also tho following:			
•	carc CH i	[5] 16. BIRTHPLACE (city or town) Seafand	Accident, suicide, or homicide? Data of Injury, 19			
be EAT imp	(State or country)	Where did Injury occur? (Specify city or town, county and State)				
	17. INFORMANT Sacraf Strange Short	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
	E OF D is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
		Place A July Comment Date 18 19 9 19 9	Nature of Injury			
1	-WRIT mation CAUSI	19. UNDERTAKER LACOL Transa Short	24. Was disease or injury in any way related to occupation of deceased?			
No.	6	(Address) Seaford Del. (acting	11 so, specify			
v 2	P*	20. FILED St. 4, 1937 & May Insula	(Signad) M. I			
>	M	Registrar.	(Address)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	tage.		Example II		
The principal cause of death and related causes of importance were as follows:	Date	e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	111	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 8 1937		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		y 5,1927	Peritonitis	3 days ago	
BUREAU V. S.		William William			
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		ny 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	STAT	E OF MAR	YLAND-	CERTIFICATE O	F DEATH	11308
1. PL/	ACE OF DEATH	. 0	Wa INA	m . (19)		500
Cor	unt the Com	UCO,			Registration Dist. No.	333
Vill	lage or City Sale	ely Ma	4.	No. 1: 10. 1/1	speling	St. 13 War
len	ngth of rasidence in city or town	where dash occurred	(II) yrsmos	death occurred in a hospital or institution		
	LL NAME Cha	riles 24	unter	Ani H		
	//	Pin C	204 X # 1	Word Word	bechy WAR	
(a)	Residence: No & a.	(Usual place	of abode) Me	St., Ward.	If nonresident give city or t	own and State
PE	ERSONAL AND STA		CULARS	MEDICAL CER	RTIFICATE OF DE	ATH
Mal	e This	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) (Dey)	, 193 (Yeer)
HUSB	ied, widowed, or divorcad BAND of WIFE of	V 0			CERTIFY, Thet I	attended decaased fro
		May 11	1 193/	line and plane aline	Del: 17	19-2
6. DATE O	F BIRTH (month, day, end yaar Yaars Mo	nths Devs	If LESS than	to heve occurred on the data stated a	ahova 1250Pm	19; death is sa
	/ 3	5 0 1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH ware as follows:		
_ 8. Tr	ade, profassion, or perticular		1 01	ware as follows:	(')	Date of one
NOL	kind of work done, as SPINN SAWYER, BDDKKEEPER, atc	ER,		Infectious	Darrhea	601/-
9. In	dustry or business in which work wes dona, as SILK MILI SAW MILL, BANK, atc	L,				
10. Da	ate dacaased last worked at _	11. Total t	ime (yaars)			
0	this occupation (month and year)		nt In this			
12. BIRTH	PLACE (city or town)	D. # 4 Sa	hilly	Other Contributory Causes of Importa	anca:	
	ate or country	ma				
13. NA	AME Charles	a. si	mily		*********	
13. N/	RTHPLACE (city or town)	Saluty		Neme of operation	[Dete of
	(State or country)	1	mg.	What test confirmed diagnosis?	Wes t	there an autopsy?
15. M/	AIDEN NAME RELIM	a source	ruse	28. If death was due to external cause	s (VIOLENCE) fill in elso the	following:
Q 16. BI	RTHPLACE (city or town)	O. Tim	our a	2/disent dicide, or homicide?	Dete of Injury	y, 19
-	(State or country)	meg.	111	Where did injury occur?	(Specify city or town, county	y and State)
17. INFOR	ddress) PD # 1.	Sulid	y mg	Spacify whether injury occurred in I	NDUSTRY, in HOME, or In PU	JBLIC PLACE.
18. BURIA		on. Date OUT	18,1937	Menner of injury	~~~~	Aga
19. UNDER	RTAKER HOLLOW ddress Sakel	7 tool		24. Was diseasa or injury in any wey	related to occupation of dece	ased
20. FILED	Oct 18 37	& may	umer	(Signad)	1 Mann	n. 1

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	motion should be easefully sunnlised ACE should be stated EVACTIV PHYSICIANS should state
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1. PLACE OF DEATH	(23)
County Wisomico	Registration Dist. No.
Village or City Salisbury	No State Tulesculpin Sanatoring
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca In city or town whera daath occurredyrsmos	s. 2.6. ds. How long in U.S. if of foraign birth?yrsmos
2. FULL NAME Derol Carrie	P . P . 1 P.
(a) Residence: No. Acceptable (Usual place of abode)	St., Ward. Caroline Co. Maryland State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
temale white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thilip Sherol	22. I HEREBY CERTIFY, That I attended decaasad f
6. DATE OF BIRTH (month, day, and year) Sept 20 1904	I last saw h er elive on Oct 9 1937; death is
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2.20 A.m.
33 20 1 dey,hrs.	ware as follows:
9 Tenda profession or particular	Vulmonary Yaberculosis 193
Kind of work done, as SPINNER. Housewife	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BÄNK, etc	
this occupation (manth and 1933 spent in this occupation 15-4	Other Contribution Contributions
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
(State or country) Mary land	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of Date
(State of Country)	Whet test confirmed diagnosis? A long the Was there an autopsy?
15. MAIDEN NAME POLOGICA FIGURE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT declased on admission (Addrass) Federalsburg, Jud.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1 Oct 130 1827	, Manner of injury
Place Federal Along Majeros	Nature of injury.
19. UNDERTAKER 2 Litramptem Son	24. Was disaasa or injury In any way ratated to occupation of daceasad?
(Addrass Federal fory mel!	If so, specify
20. FILED (DCF 10, 1934 & May Junes.	(Signed) (Sand When
Registrar.	(Addrass) State Julier Culosis A Con.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I	1	Example II	
The principal cause of of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NUV 8 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	774		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

	· ·

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	940
County Dicomics	Registration Dist. No. 331
Village or City The Lawn	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	os. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lysia I fal Stewn	If U. S. Veteran, specify WAR
(a) Residence: No. / Helia 21d.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	0.61, 5, 1937
5a. If merried, widowed, or divorced	(Month) (Sey) (Yeer)
HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY, Thet attended deceased from
Elly Summer	Ochru 3 2 19 18 10 Ochru 19 3 6
6. DATE OF BIRTH (month, day, and yeer) Quescot 11, 1900	I last saw h_ll_elive on_OCNTULY, 19.3.5; deeth is seid
7. AGE Yeers Months Oeys If LESS then	to heve occurred on the date stated above, et@_3_6/_m.
37 4 24 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER,	
SAWYER, BOOKKEEPER, etc.	auguice frechoris
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (years)	
this occupetion (month end 8/3 7 spent in this occupetion / 1/4	'a
Maralan	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
1 10/1 10 0 10 11 11	
14. BIRTHPLACE (city or town)	Neme of operation
	Whet test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or towit) Assistance The Company of the Compa	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) - (State or country)	Accident, suicide, or homicide?
out I I All I	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Carrello 11. 1. Dete / 0/10/3/19	Nature of injury
ma the milbert	
19. UNOERTAKER (Address)	24. Was disease or injury in eny way releted to occupation of deceased?
And I am it all	(Signed) William & mu rell M.D.
20. FILEO OCU 6 , 1937 MA & M Vrallage	(Address) Helse mo

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA.

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

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AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

œ, ż

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 8 1997	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

-CERTIFICATE	OF	DEATH	11311
- LEKHILLAIC	Ur	DEATH	11011

1. PLACE OF DEATH	119
County llucomics	Registration Dist. No
Village or City Salesland my med	No Personal Time April Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wasolly In Grang &	Turses If U. S. Veteran, specify WAR
(a) Residence: No. 6 15 /3 all	. st. Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 1915 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) File 17 1937	I last saw has alive on 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
0 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	malnetution me buil
9. Industry or business in which	~ ~ ~
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Rule of fection Nurta 8/3)
- ting geonbangu (mourti and -) Sheuctu cing -	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dalenlung (State or country)	
II 13. NAME William Yeary	
13. NAME Welliam Frange 14. BIRTHPLACE (city or town). No fall	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Paralee Sterger.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Concle Starges. 16. BIRTHPLACE (city or town) Salestung (State or country)	Accident, suicide, or homicide?Date of Injury,19
and D lea	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Hazalle Jacques (Address) Salvalung (Mad	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL THE	Manner of injury
Place Satisfy Date . O. C. 2.1., 19.3.7	Nature of Injury
19. UNDERTAKER Jonnes Hollwart	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salighung god	If so, specify
20. FILED Oct -21, 1937 & May June	(Signed) M. D.
Registrar.	(Address) also hay my

STATE OF MARYLAND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDIN

V. S. No. 1

	STATE O	F MARYL	AND-	CERTIFICATE OF DEATH	1313
1. PLACE OF DE		-		(2)	, ,
County // LC	muco,			Registration Dist. No.	3
Village or City	Salish	my ma		No. 15-0-#2 St.,	Wa
Length of residence ja	city or town where d	th occurred 20	/rs. 8 mos.	death occurred in a hospital or institution, give its NAME instead of street and no death of the	
2. FULL NAME	amer ,	Russell	-	druger 8. Veteran species WAR	,
(a) Residence, No.	R-10.4	-2		St. Ward Jalishy Md.	
V		(Usual place of ab		If nonresident give city or town and S	State
A		CAL PARTICU		MEDICAL CERTIFICATE OF DEATH	
Male /	LOR OR RACE	5. SINGLE, MARRIED OR IVORCED		21. DATE OF DEATH Oct. // LE	193
5a. If married, widowed, or d HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIFY, That I attended of	leceased fi
		an, 28	1914	I last saw h Assalive on 1937	, 19.5
6. DATE OF BIRTH (month, 7. AGE Years	Months	Days 1	If LESS than day,hrs.	to have occurred on the date stated above, at 30. 4. fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is:
8. Trade, profession, or	particular	70 101	min.	were as follows:	Data of or
kind of work dor SAWYER, BOOKK	e, as SPtNNER, EEPER, etc	none	-	Chrome whatever	
9. Industry or business work was done, a SAW MILL, BAN	s SILK MILL, (, etc			arthrilis	17.
10. Date deceased last this occupation (tyear)	vorked at nonth and 193	11. Total time (spent in occupation	years) this		
12. BIRTHPLACE (city or tow	R.D. S.	ality		Other Coutributory Causes of Importance:	
(State of country)	- 21-	9. /	ma.	Outmonary testerey-	۷
13. NAME/ILL	and M.	Jodge	nin	losing of	
14. BIRTHPLACE (city of	towny	Salis	rey	Name of operation Date of	
(State of country		See a	/m	What test confirmed diagnosis? Was there an at	utopsy?:
# 15. MAIDEN NAME	ma	may.	Jone	23-If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city of	town	unjung	mil	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT	am M	Jogd	vine	Where did injury occur?	CE.
(Address)	.#2	Salish	y MI		
18. BURIAL, CREMATION, OF	REMOVAL O	Date Oct.	13,137	Manner of injury	
19. UNDERTAKER	lloya	7 + 6		24. Was disease or injury In any way related to occupation of deceased? If so, specify	2
Da Lu	2/66	050	1 01	(Signed) Warneneer	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state OCCUPA. plnods item PHYSICIANS statement REC PERMANENT classified. 0 × certificate. 国 properly stated THIS Jo back may should no that instructions UNFADING supplied. terms, plain carefully very important. .H DEATH plnoys OF

CAUSE mation

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BINDIA

FOR

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

County Wicos Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town /_mos.___(__ds. How long In U.S. if of foreign birth?_. where death occurred 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Dey) ba. If marriad, widowad, or divorcad HUSBANO of 22. Y_That I attended deceased from (or) WIFE of 1937 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Devs date steted above, ak-1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. were as follows: Oate of opset 8. Trade, profession, or particules OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.---9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 10. Date dacaased lest worked at 11. Total time (years) spent in this this occupation (month and occupetion Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) Whet test confirmed diegnosis? Was there en autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur? (Specify city or town, county and State) 17. INFORMANT 9 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR Mannar of Injury Nature of injury____ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE (Addrass If so, spacify (Signed) Registrar. (Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	TO THE PARTY OF TH	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ilis ""	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 8 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.	1			
Other contributory car	ises of importance:	- 1 	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1319
1. PLACE OF DEATH	93-c	11
County Misorries	Registration Dist. No. 3	33
Village or City Isliahuuf	No. St., S., S. f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
1.0	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Pleasietta G. Gruid	If U. S. Veteran, specify WAR	
(a) Residence: No. Broad St.	S), Ward.	
(Usual place of abode) Lass	If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH Och. (Day), 19	(Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, end year) april 17, 1861.	Hast saw h 12 alive on lear 10 ,1937; do	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 12.30 Nm.	
86 5 V8 1 day,hrs.	THE PRINCIPAL CROSE OF DEATH SHE ISSUED CONTROL	ate of oncet
8. Trade, profession, or particular kind of work done, as SPINNER, A Thomas	myrastitis : Chronic.	June
SAWYER, BOOKKEEPER, etc.	Duration: Penanoware Curson	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		/
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	alpha
(State or country) Manfland		
13. NAME (Man) Griffin		
13. NAME (fun) Guglier) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of	
(State of country)	What test confirmed diagnosis	psy?
15. MAIDEN NAME SALAL M. Hayman	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Saca M. Hayrnan 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury	, 19
(State or country) / Maufina	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
17. INFORMANT (Address) Kruillard, The	Specify whether injury occurred in Industry, in nome, of in robute react	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Par macos leny thickney Date 10/14/3/19	Neture of injury	
19. UNDERTAKER The Mill x Manage Co.,	24. Was disease or Injury In any way related to occupation of deceased?	٠
(Address) Talie hung, In f.	If so, specify	
20. FILED Oct 12, 1937 & May Jums	(Signed)	M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

stated EXACTLY. PHYSICIANS should state kD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. N. B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	115
1. PLACE OF DEATH	92.0)	2 0
County Thirdnip	Registration Dist. No. 33	3
Village or City Falishury	No. 90 A Carl Church St., 5 death occurred in a hospital or institution, give its NAME instead of street and number	Ward
	ds. How long in U.S. if of foreign blrth?yrsmos	
2. FULL NAME Levina Haller	If U. S. Veteran, specify WAR	
(a) Residence: No. 904 Cach Chillip (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pallard It. Italien	22/UN 18 HEREBY CERTIFY. That I attended decea	ised from
6. DATE OF BIRTH (month, day, end year) LAN VV. 1873	I last saw her alive on Class 20 , 19 77; dea	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11507.m.	
64 0 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8 Trade profession or particular	hickat ugugitation line	le of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and		
10. Date deceased lest worked at this occupation (month and year)		0
12. BIRTHPLACE (city or town) - L. Mausla 26	Other Contributory Causes of Importance:	dd
13. NAME Sariel 9. Butter sham)		
13. NAME Varie G. Southing Land 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Chimalal Was there an autops	sv, ho
# 15. MAIDEN NAME Madelda Sennis	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	7,1
15. MAIDEN NAME / NAXIDA XILINIS 16. BIRTHPLACE (city or town) - Multiple (State or country)	Accident, suicide, or homicide?	, 19
17. INFORMANT Musica) H. Haller, (Address) Latinahum, M. J.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Parloten egresey Thishurgh 10/1/3/37,19	Nature of Injury	
19. UNDERTAKER The Itell K Thream Co.	24. Was disease or Injury In any way related to occupation of deceased?	,
20. FILED Oct 23. 1937 De may Jumes	(Signed) Janonian	M. D.
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis NOV 8 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A REAU V. S.	July 5,1927	Peritonitis	3 days ago	
	and any or county and or county to the county described to the county of				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
Marie Televis					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN See instructions on back of certificate. TION is very important. -WRITE PL

V. S. No. 1 N. B.—W

1. PLACE OF DEATH		99.0
County Theranico		Registration Dist. No. 33/
Village or City M. A. See	2	No. St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth? yrs. mos. di
Length of residence in city or town where d	C. 51.11.	
2. FULL NAME WWW	O. Mellan	If U. S. Veteran, specify WAR
(a) Residence: No. Luu A	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
Levale Thil	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced	. 61 . 2	
HUSBAND OF (or) WIFE OF / along	Killiams	22. I HEREBY CERTIFY, Thet I attended deceased fro
DATE OF BIRTH (month, day, and year)	ril 13, 1857	I last saw h & alive on a f 18 132; death is sa
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at Gc. 15 Am.
80 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	at Thone	Christin hypeardolog 193
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
, -	occupation	Other Cautributory Causes of importance:
(State or country)	11, 31	
1 11 1 1 1		
		Name of operation
(State or country)	Reytard	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ques	chan 3	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Query 16. BIRTHPLACE (city or town)	7. 1 1	Accident, suicide, or homicide?
(State or country)	Muflost	Where did injury occur?
(7. INFORMANT My. G. Xel (Address) Faliakum,	Polling w	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1810-10-	Manner of injury
House o en Jaliety	(4. plate / /2 / 37, 19	Nature of injury
19. UNDERTAKER The Will A (Address) La lie hum (Whise G.	24. Wes disease or injury In any way related to occupation of deceesed?
20. FILED OCH 21 , 1937 MA	s & m. Halland	(Signed) Mentalle M. (Address) Sulisland M.

Hen . in

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	

MARGIN RESERVED FOR BINDIN	-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
17	HIS	be	pe	Jo
IV I	T-	plne	may	ack
1	Z	sh	it	on 1
म्य	IG I	GE	that	suc
3	DIA		08	actio
5	IFA	lied	ms,	ıstrı
4	5	dns	ter	e ir
7	TH	ly s	lain	Š
	WI	eful	in p	int.
	Y,	car	LH	orts
		pe	EA	imp
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	IT	no	SE	コフ
	WR	ati	AU	101
	1	E	0	H

N. B.—WRITE PL.

V. S. No. 1

r. PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9370
County Murmus	Registration Dist. No. 333
Village or City Sale & huly	Noteningula General No pital St. 13 Ward
Length of residence In city or town where death occurred YO yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Price 12. Hiska	
/6 / A Y 1/	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1937, to Cless 79, 1937
6. DATE OF BIRTH (month, day, and year) Sec. 24, 1866.	I last saw he alive on Car 29 1987 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.300 m.
70 10 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	huyolushis; Chronic Perhang
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	- Duration i Unknown . Ruff To.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	9/3
12. BIRTHPLACE (city or town)————————————————————————————————————	Other Contributory Causes of importance: Online Ly ordina 1964
13. NAME James This Lam	
13. NAME Janes This ham 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Chaired Was there an autopsy? Zee
15. MAIDEN NAME TRANSITY (Deawn') 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mann (Address) Sinday, Va.	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR PÉMOVAL	Manner of injury
Auplace Man Jasan Jas 13/19	Nature of injury
19. UNDERTAKER / Sala Luy, m. d.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED DC + 31, 1937 D. May Issuer Registrar.	(Signed) Salislany 24 d
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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